U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13003	2. Fiscal Year Covered From:					
	1 / 1 / 20)4 Through: 12 / 31 / 2004					
3. Name and address of person filing.	Name, file number and accress of labor organization.					
Name Hardy Williams	Name National Fostal Mail handlers Union					
	Labor Organization File Number 000-505					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Room #500					
Street 9045 S. Western Avenue	Street 1101 Connect: gut Avenue, NW					
City Chicago	City Washington					
State Illinois ZIP Code + 4 60620-6133	State District of Columbia ZIP Code + 4 20036-4304					
State Illinois ZIP Code + 4 60620-6133 5. Position in labor organization. Regional Vice President	State District of Co.umbia					

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

derived income or other economic benefit of lon represents or is actively seeking to represent.
7.a. Nature of Interest, Transaction, or Income.
:
7.b. Amount.
i

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
dildersighed a knowledge and belief, dad, comost and complete. (200

Signed Howay William

on 08-13-05

773-233-4434 Telephone Number

Name of Persor Filing	Hardy	Williams			F	File Nur	mber U-		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Fighland Avenue Downers Grove City State Illinois ZIP Code + 4 60515 11.a. Nature of such dealing. 10, If 9.b, or 9.c. is checked give trust or employer's name. First Health adminsters the Union sponsored health Name plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 Billion 11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

unkown, best estimate \$40.00

Two dinner meetings, February 6 & 7, 2004. Amount

13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.		
Name		•		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City		-		
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

12.b. Amount.

City

State

\$80

Name of Person Filing Hardy Williams	Fi e Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name First Health	🗙 a. Labor Organizatio.1					
Trade Name, if anγ:	b. Trust					
P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue	c. Employer					
City Downers Grove						
State Illinois ZIP Code + 4 50515						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name	First Health adminiters the Union sponsored health plan					
Trade Name, if a 1y:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing. 2 Billion					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	Hotel room, meals, and activities provided while attending First Health annual Partnership Conference, March 3 - 6, 2004. Amount unknown, best estimate 500 - 700 dollars					
	12.b. Amount. \$600					
C. Received from any employer (other than an employer covered unde	or parts A and B above)					
or from any labor relations consultant to an employer any payment of money	or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name	,					
Trade Name, i [*] any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing Hardy Williams File Number U-

9. Business deals with

X a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

ZII COGE + 4 00313

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

First Health adminsters the Union sponsored health

pla

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Ccde + 4

11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.

Semi Annual Meetin: of Local Unions/ National Executive Board Merting. Attended 1 - 2 dinners and 3 buffet dinner recoptions March 18 - 24, 2004. Amount unkown. Best estimate 150 dollars

12.b. Amount.

14.a. Nature of payment.

\$150

2 Billion

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Busin∈ss an Employer

or Consultant

14.b. Amount of payment.

Name of Person Filing Hardy Williams	File Number U-				
B. Held an interest in or derived income or economic beneft with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. s checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X. a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. First Health administers the Union sponsored health plan				
Street City State ZIP Code + 4	11.b. Approximate dol'ar value of such dealing. 12.a. Nature of interest held or income received. 2 dinners, and entertainment June 21 - 26, 2004. Amount unkown. Been estimate 160 dollars.				
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.				
City State ZIP Code + 4					

14.b. Amount of payment.

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or Consultant

13.b. Is the Business an Employer

Name of Person =	iling	Hardy	Williams	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with Name First Health X a Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove State Illinois ZIP Code + 4 60515 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health acminsters the Union sponsored health Name plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 BILLION 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. August 17-30, 2004. 5 receptions with buffet dinners, one duffe: pag. Amount unkown. Best

ZIP Code + 4

ZIP Code + 4

or Consultant

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City

7

12.b. Amount.

14.b. Amount of payment.

estimate 200 dollara.

13.b. Is the Business an Employer

State

State

\$200

Name of Person Filing Hardy Williams	File Number U-			
B. Held an interest in or derived income or economic beneft with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employe 11.a. Nature of such dealing. First Health administers the Union sponsored health plan			
Street	11.b. Approximate dol ar value of such dealing. 2 Billion			
City				
State ZIP Code + 4	12.a. Nature of interest held or income received. Health Plan Seminar, October 6 - 9, 2004. Three receptions with buriet dinners, and activities. Amount unkown. Best estimate 170 dollars.			
	12.b. Amount. \$170			
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above)			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				

14.b. Amount of payment.

Trade Name, if a 1y:

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Name of Boroon Filing		****		∷ile Number U-
Name of Person Filing	нагау	Williams		"lie Nulliber O-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9. Business deals with:

Name First Health

Trade Name, if any:

b. Trust

P.O. Box, Bldg., Room No., if any
Street 3200 Highland Avenue

City Downers Grove

State Illincis ZIP Code + 4 60515

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

State

ZIP Code + 4

c. Employer

11.a. Nature of such dealing.

First Health adminsters the Union sponsored health plan $% \left(\mathbf{r}_{i}\right) =\mathbf{r}_{i}$

11.b. Approximate dollar value of such dealing.

2Billion

12.a. Nature of interest held or income received.
November 3, 2004 one dinner. Amount unknown. Best estimate 35 dollars

12.b. Amount. \$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ite ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Hardy Williams	⊂ le Number U-				
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue	9. Business deals with: A. Labor Organization b. Trust c. Employer				
City Downers Grove State Illinois ZIP Code + 4 60515					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing First Health adminsters the Union sponsored health plan				
Street	11.b. Approximate dollar value of such dealing. 2 Billion				
City State ZIP Code + 4	12.a. Nature of interest held or income received. December 5 - 7, 2005, two dinners. Amount unkown. Best estimate 70 dollars.				
	12.b. Amount. \$70				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				

14.b. Amount of payment

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Ccde + 4

or Consultant

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Name of Person Filing Hardy Williams File	e Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove City ZIP Code + 4 60515 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health administers the Union sponsored health Name plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 Billion 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. December 2004, Fruit Basket and ham. Amount unkown. ZIP Code + 4 State Best estimate 110 dollars \$110 12.b. Amount.

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.